



CHOLESTECH GDX A1C TEST MEDICARE REIMBURSEMENT INFORMATION 2003

The Cholestech GDX A1C Test is a CLIA Waived test. The following Medicare reimbursement information is for use when the Cholestech GDX A1C test is run by a user with a CLIA Certificate of Waiver.

CPT Code and Reimbursement Amounts*:

CPT Code:	83036QW	Hemoglobin, glycated (A1C)		
Medicare Reimbursement:	\$13.56	in all states except		
	ID	\$9.77	MD	\$13.00
	OK	\$12.08	RI	\$12.22
	SD	\$13.00	WY	\$10.61

The Cholestech GDX A1C test is not considered an “automated” test and should not be “bundled” with any other test on the Cholestech LDX.

*2003 Clinical diagnostic Laboratory Fee Schedule

ICD-9 (Diagnosis) Codes Covered by Medicare*:

The following diagnosis codes can be used when applying for Medicare reimbursement.

211.7	Benign neoplasm of islets of Langerhans
250.00-250.93	Diabetes mellitus and related codes
251.0	Hypoglycemic coma
251.1	Other specified hypoglycemia
251.2	Hypoglycemia, unspecified
251.3	Post-surgical hypoinsulinemia
251.4	Abnormal secretion of glucagon
251.8	Other specified disorders of pancreatic internal secretion
251.9	Unspecified disorder of pancreatic internal secretion
258.0-258.9	Polyglandular dysfunction and related disorders
271.4	Renal glycosuria
275.0	Disorders of iron metabolism (hemochromatosis)
577.1	Chronic pancreatitis
579.3	Other and unspecified post-surgical nonabsorption
648.00	Diabetes mellitus complicating pregnancy, unspecified episode
648.03	Diabetes mellitus complicating pregnancy, antipartum complication
648.04	Diabetes mellitus complicating pregnancy, postpartum complication
648.80	Abnormal glucose tolerance complicating pregnancy, unspecified episode
648.83	Abnormal glucose tolerance complicating pregnancy, antipartum complication
648.84	Abnormal glucose tolerance complicating pregnancy, postpartum complication
790.2	Abnormal glucose tolerance test
790.6	Other abnormal blood chemistry (hyperglycemia)
962.3	Poisoning by insulin and antidiabetic agents
V12.2	Personal history of endocrine, metabolic and immunity disorders
V58.69	Long term current use of other medication



FREQUENCY OF TESTING*:

- Every 3 months to monitor a diabetic patient's metabolic control
- Ever 1-2 months when treatment regimen is altered to improve control
- Every month for diabetic pregnant women
- Patients with uncontrolled Type 1 or Type 2 diabetes may be tested more frequently, however, the medical record must support such increased testing.

*Note: The Frequency of Testing and ICD-9 Codes are from the Medicare National Coverage Decision for A1C which officially became effective November 25, 2002.

EVALUATION AND MANAGEMENT:

Code **99211** – is used for the evaluation and management of an established patient that may or may not require the presence of a physician. It can be used when a nurse (RN), physician's assistant or qualified nurse practitioner counsels a patient on the results of his A1C test. Typically, 5 minutes are spent performing this service. The current average reimbursement for this code is \$20.69, however it may vary in different states.

REIMBURSEMENT FOR DRAWING BLOOD:

G0001 – Medicare CPT code for venipuncture only. Medicare will **not** reimburse for fingersticks. The average reimbursement amount is \$3.00.

REMEMBER: Customers will only get Medicare reimbursement if they have a current CLIA Certificate of Waiver and enter their certificate number on their reimbursement form.

PRIVATE PAY INSURANCE

- Insurance plans generally follow Medicare rules but reimbursement rates may vary considerably.
- Some plans may also reimburse for a venipuncture or fingerstick under CPT code 36415.